



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
September 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017	N	11/8/17					
Blackfoot Care Center	Browning	Request CON extension	N/A								Y	

Name of facility in **BOLD** indicates a new request for report month. * First-year operating cost HHA (may not be strictly comparable).

LEGEND:

ASC Ambulatory Surgical Center

CDU Chemical Dependency Unit

CO County

CR Comparative Review

DATES Month/Day/Year

DEC Decision

DISMISS Appeal dismissed

FAC Facility

H Hospital

HHA Home Health Agency

IHS Indian Health Service

LOI Letter of Intent

LTC Long-Term Care

MTH Month of Notice

N Disapproval or No

N/A Not Applicable

NH Nursing Home

NR Non-Reviewable Project

REQ Request

REC REQ Reconsideration Hearing of Decision

SNF Skilled Nursing Facility

TBA To Be Announced

TBI Traumatic Brain Injury

Y Approval or Yes

10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)